

**NATIONAL Assessment Centre Services.** [wef 1 Jan 05] MNA18055116

Date In: 26/4/18 - 17:06	Job description	Date & Time Completed	Done by
Ref No: NA/INC18007730/24	SAS e-filing		
Veh No: FBK4436T	E-mail (within 3hrs, AIC 2hrs)		
D.O.A.: 25/4/18 - 07:15	i-Motor Claim Form	MT/0992029-001	26/4/18 17:23
OD <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **SP5732Z** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

**General Remarks:-**

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			for Bill	Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TP: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30			
	6) TR: Re-inspection \$75			
Cat. 1:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
Cat. 2/3:	9) N12: Idac Mobile			

Invoice dated \_\_\_\_\_ Fee Charged \_\_\_\_\_  
 Invoice dated \_\_\_\_\_ Fee Charged \_\_\_\_\_

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	26/04/2018 17:06
Date Of Accident	25/04/2018 07:15
Exact Location Of Accident	JUNC BEDOK NORTH AVE 3 & PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK4436T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QUEK CHEE YONG
NRIC No	S9173216E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94890859
Alternative Phone No	OFFICE-94890859

### Vehicle Particulars

Manufacturer	KTM
Model	RC200
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5094034791
Cover Note Number	

### Driver

Name of Driver	QUEK CHEE YONG
NRIC No	S9173216E
Date Of Birth	17/07/1991
Occupation	INDOOR
Date Of Driving Pass	12/08/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94890859
Fax Number	
Contact Number	OFFICE-94890859
EEmail Address	NOEMAIL

Address	BLK 539 BEDOK NORTH STREET 3 #04-615
Postcode	460539
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180425/2131.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP3732Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KWAN CHIEW PANG
NRIC/Passport Number	S7180637E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

**DETAILS OF INJURED PERSON 1**

Name	QUEK CHEE YONG
Approximate Age	
Injuries Sustain	LOWER BACK & LEG
Injured person in which vehicle?	FBK4436T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



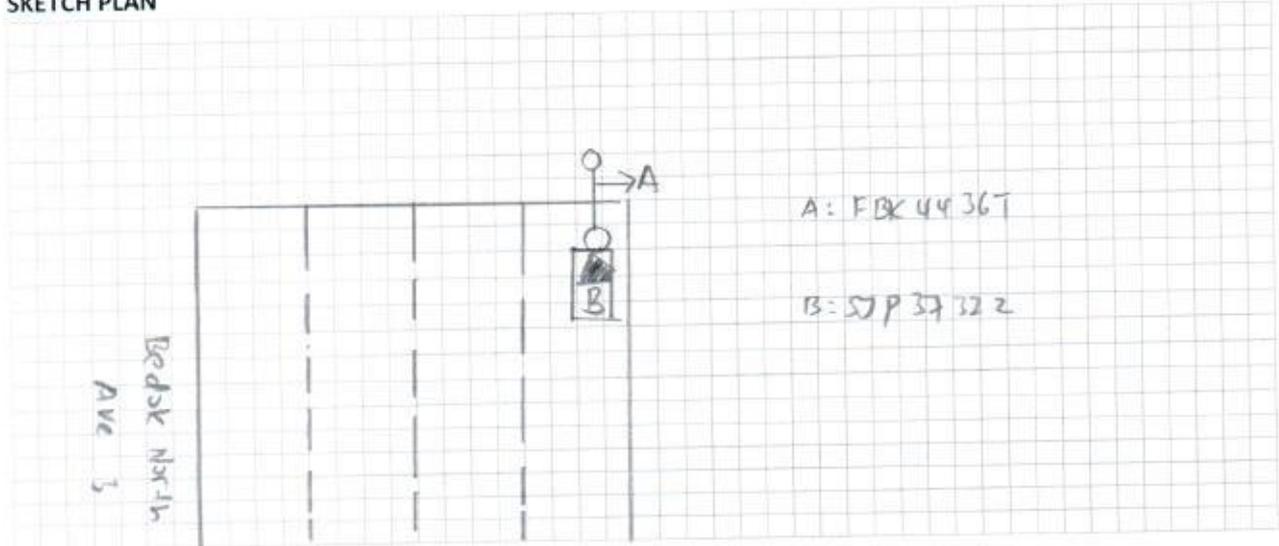
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180428/2131.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: (25/4/18) (DD/MM/YYYY), TIME: (07:15) (HH:MM)

LOCATION: Junc Bedok North Ave 3 & P15

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F0K4436T MODEL: \_\_\_\_\_  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5094034791  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Quek Chee Peng (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S17218E CONTACT: 94890839  
c) ADDRESS: 11c 539 Bedok North St 3 #04-615 (460539)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (17/7/1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: S1P3732Z MODEL: \_\_\_\_\_

b) DRIVER'S NAME: Kwan Chiew Peng

c) NRIC/FIN/PASSPORT: S7180637E CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger (including d) (1)

\* No of passenger (including d) (2)

\* No of passenger (including d) (1)

email =

fax =



Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180425/2131

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/04/2018 17:14	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: QUEK CHEE YONG		Address: APT BLK 539 BEDOK NTH ST 3 #04-615 SINGAPORE 460539		
ID Type / ID No.: NRIC NO / S9173216E		Contact No.: Home/Office:		Mobile: 94890859
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 26	Date of Birth: 17/07/1991	Type of Informant: Rider	
Race: Chinese		Language:		Institution / School Name:
Occupation: LOGISTICS ASSISTANT		Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/04/2018 07:15	Type of Location: X-Junction
Location: Along Road 1 BEDOK NORTH AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK4436T	Motorcycle	KTM	RC200	Black	Seriously Damaged	0
SJP3732Z	Car				Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK4436T	NTUC Income Insurance Co-Operative Limited	5094034791	07/09/2017	06/09/2018



Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	QUEK CHEE YONG	ID No.	S9173216E
Related Vehicle	FBK4436T (Motorcycle)	Contact No.	94890859
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	NIL
<b>Driver</b>			
Name	KWAN CHIEW PANG	ID No.	S7180637E
Related Vehicle	SJP3732Z (Car)	Contact No.	92962178
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED TIME, DATE AND LOCATION.

I WAS RIDING ALONG BEDOK NORTH AVENUE 3, I WANTED TO MAKE A U-TURN AT THE X JUNCTION. I HAD ALREADY SIGNALLLED RIGHT AND WAS WAITING FOR TRAFFIC TO CLEAR UP, SO I COULD PROCEED. I WAS STATIONARY WHEN THE CAR MENTIONED ABOVE COLLIDED INTO THE REAR OF MY BIKE. I FELL OFF THE BIKE AND THEN HE GOT OUT OF HIS CAR. WE JUST ACCESS THE ACCIDENT AND TOOK SOME PHOTOS. WE THEN MOVED TO THE SIDE TO AVOID TRAFFIC JAM AND EXCHANGED PARTICULARS. WE EVEN SIGNED A LETTER STATING THAT HE AGREED TO COMPENSATE ALL MEDICAL CLAIM AND ALL REPAIR COST. I WENT TO CGH AFTER THE ACCIDENT AND RECEIVED 4 DAYS MC DUE TO SOME LOWER BACK PAIN AND LEG PAIN AS WELL.

THAT'S ALL.



**SINGAPORE  
POLICE FORCE**



T/20180425/2131

3 of 3

Report No. T/20180425/2131

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
TP /  
KHALED AMR HASSAN MOHSSEN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 YEO GEAK ENG CECILIA  
Contact No.: 65476404

Signature Of Informant:

Date/Time:  
25/04/2018 17:14

Classification Of Case:  
 SINGAPORE  
POLICE FORCE

Authentication Stamp  
NP168

Signature:

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S9173216E**

Name: **QUEK CHEE YONG**

Birth Date: **17 Jul 1991**

Issue Date: **08 Sep 2016**

002607420A




REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S9173216E**



Name: **QUEK CHEE YONG**

**郭志荣**

Race: **CHINESE**

Date of birth: **17-07-1991**

Country/Place of birth: **MALAYSIA**

Sex: **M**




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

		EFFECTIVE DATE	
C	Class 2B	Motorcycles <= 200 CC	12 Aug 2015
	Class 2A	Motorcycles between 201 CC and 400 CC	17 Feb 2017
	Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	20 Mar 2014

S / No. 9000238478

NP 420A

Licence No: S9173216E



5653497



NRIC No. **S9173216E**



Date of issue: **08-09-2016**

Address: **APT BLK 539 BEDOK NORTH STREET 3  
#04-615  
SINGAPORE 460539**

Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094034791	QUEK CHEE YONG	S9173216E	GMC	Third Party, Fire & Theft	FBK4436T	FBK4436T	07/09/2017	06/09/2018

Continue

**Policy Information**

Policy No.	5094034791	Policyholder Name	QUEK CHEE YONG	Policyholder NRIC	S9173216E
Address	53 UBI AVENUE 1 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	05/09/2017	Effective Date	07/09/2017 00:00	Expiry Date	06/09/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

**Policyholder Mailing Address**

Address 1	BLK 539 #04-615	Address 2	BEDOK NORTH STREET 3	Address 3	SINGAPORE 460539
Address 4		Address Type	Singapore address	Post Code	460539
Unit No.	04-615	Related Policy Number	5094034791		

**Insured Object: FBK4436T**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	07/09/2017 00:00	Changing Commission Rate	Endorsement Take Effective	The commission rate (MOTOR ACT) has been changed from 0.15 to 0.12 on 07/09/2017.

Exit

Claim Handling

Accident MT/0992029

Policy No.	SD94034791	Vehicle No.	FBK4436T	GST Registration No.	
Policyholder Name	QUEK CHEE YONG	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S9173216E
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	94890859	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	TL
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private HFE	No

Report Date	26/04/2018 17:21	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	25/04/2018	Time of Accident (hh:mm)	07:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC BEDOK NORTH AVE 3 & PIE				

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 539 #04-615	Address 2	BEDOK NORTH STREET 3	Address 3	SINGAPORE 460539
Address 4		Address Type	Singapore address	Post Code	460539
Unit No.	04-615	Related Policy Number	SD94034791		

OI Driver Info

Driver Name	QUEK CHEE YONG	Driver Type	Main Driver	Driver DOB	17/07/1991
Unnamed driver Name		Driver NRIC	S9173216E	Driving Experience	2
Register Date of Driver License	12/08/2015	Driver Age	26	Contact No. (Home)	0
Contact No. (Mobile)	94890859	Contact No. (Office)	0	Address 3	SINGAPORE 460539
Address 1	BLK 539	Address 2	BEDOK NORTH STREET 3	Post Code	460539
Address 4		Address Type	Singapore address		
Unit No.	04-615			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001

Claim Type *	OD-MX	Insured Name	QUEK CHEE YONG	Insured NRIC	S9173216E
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	68487120
Email Address		OI Vehicle Number	FBK4436T	TP Vehicle Number	SJP37322
Claim Description	FBK4436T / SJP37322 ON 25 Apr 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	25/04/2018 17:23	Claim Close Date		Date Received	26/04/2018 00:00
Report Taken by	Jackson				

Print AK letter

Attachment

Accident No.	MT/0992029	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/04/2018 17:24

Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	RLT	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	RLT	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	RLT	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	RLT	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	RLT	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	RLT	Normal	

Send Message

Attachment List

